

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: A.B. TRACER SERVICE
BUSINESS STREET ADDRESS: 11191 SW 26 ST. DAVIE FL. ZIP 33324
BUSINESS MAILING ADDRESS: 11191 SW 26 ST. DAVIE FL. ZIP 33324
BUSINESS PHONE: 954-476-9755

DESCRIBE TYPE OF BUSINESS: H.U.D INSURANCE REFUNDING

BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ANN BEVACQUA</u>	<u>11191 SW 26 ST</u>	<u>DAVIE FL 33324</u>	<u>954-476-9755</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct a business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

ANN BEVACQUA, OWNER
Print Owner or Officers Name and Title

Ann Bevacqua
Signature of Owner or Officer

Office Use Only: Date 6/25/02 Category 13500 Fee Exempt per Sec. 13-13 _____
Fee 55.13 Rec# _____ New ☒ Trans _____
License # 02 16924 Control # 14069 Zoning R-1
Council approval Required ☒ Yes _____ No _____ Zoning Approval Pat Date 7/1/02
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION